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Bib Data Sheet

CONFIRMATION NO. 4150

|  |   |                           |   |                                    |                            |
|--|---|---------------------------|---|------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/664,760  | FILING DATE<br>09/17/2003<br><br>RULE   | CLASS<br>404              | GROUP ART UNIT<br>3671  | ATTORNEY<br>DOCKET NO.<br>56423.P1 |                            |
| APPLICANTS<br><br>Terry L. Harris, Mascot, TN;<br><br>** CONTINUING DATA *****<br>This application is a CIP of 10/126,823 04/19/2002 PAT 6,663,316<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 12/09/2003   |   |                           |   |                                    |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>met<br>Verified and Acknowledged |   | STATE OR<br>COUNTRY<br>TN | SHEETS<br>DRAWING<br>7  | TOTAL<br>CLAIMS<br>12              | INDEPENDENT<br>CLAIMS<br>2 |
| ADDRESS<br>000408<br>LUEDEKA, NEELY & GRAHAM, P.C.<br>P O BOX 1871<br>KNOXVILLE , TN<br>37901  |   |                           |   |                                    |                            |
| TITLE<br>Support for concrete reinforcing members  |   |                           |   |                                    |                            |
| FILING FEE<br><br>RECEIVED<br>375  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |                            |